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IFW3764

PTO/SB/22 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 56247 (71699)	
Application Number 09/904,201-Conf. #1217		Filed July 11, 2001	
For INJECTABLE BAG INTRAOCULAR LENS SYSTEM, INSERTING DEVICE FOR USE THEREWITH, METHOD FOR INSERTING AN INJECTABLE BAG INTRAOCULAR LENS WITH A HUMAN EYE, METHODS FOR TREATING APHAKIA AND SYSTEM KITS			
Art Unit 3764		Examiner D. D. Demille	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105. I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 44,368			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
_____ Signature		November 21, 2005 Date	
_____ Lisa Swiszc Hazard Typed or printed name		(617) 439-4444 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of 1 forms are submitted.		

Certificate of Express Mailing

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV754862780US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 21, 2005

Signature: _____

(Lakeisha Bryant)